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**TRANSMITTAL  
FORM**

<b>MAY 19 2008</b> <b>TRANSMITTAL FORM</b>	Application Number	10/721,041	
	Filing Date	November 23, 2003	
	First Named Inventor	SMITH, Clyde	
	Art Unit	3724	
	Examiner Name	FLORES-SNACHEZ, Omar	
Total Number of Pages in This Submission		Attorney Docket Number	

**ENCLOSURES (Check all that apply)**

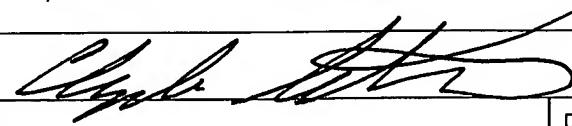
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any over-payment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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**Remarks**
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature			
Printed name	Clyde Smith		
Date	May 15, 2008	Reg. No.	46,292

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Clyde Smith	Date	May 15, 2008

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